

**BOARD OF CERTIFICATION OF PUBLIC
WATER SYSTEM OPERATORS
STATE OF HAWAII**

date received

☐**4/24/07**☐**10/23/07**

Distribution System Operator Examination Registration Form
(please mail entire form)

DUE DATE: Certification application and fee, exam registration and fee must be received three months before the exam date.

EXAM FEE: \$30, make Cashier's Check or Money Order payable to STATE OF HAWAII. No personal checks accepted.

Mail registration and check to:

Board of Certification, Public
Water System Operators
Hawaii Dept. of Health, EMD
Safe Drinking Water Branch
919 Ala Moana Blvd., Room 308
Honolulu, HI 96814-4920

phone: (808) 586-4258
FAX: (808) 586-4351

☐

new address?

Name (Last)

(First)

(Middle Initial)

Address *(where do you want all your operator certification mail delivered?)*

City

State

Zip Code

Social Sec.No. (last 4 digits)

Business Phone No.

Fax No.

Email

PWS ID.

Water System

Exam fee of \$30 is attached for:**Exam Grade Level** _____

Signature

Date